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CORRESPONDENCE ADDRESS Filing Date 10/2/2003 Application CENTRAL BOW. First Named Inventor Crabtree Address to: Art Unit 3752 Commissioner for Patents P.O. Box 1450 **Examiner Name** Bui, Thach Alexandria, VA 22313-1450 Attorney Docket Number 50049 Please change the Correspondence Address for the above-identified patent application to: 22929 The address associated with Customer Number: OR Firm or Individual Name Sue Z. Shaper 1800 West Loop South, Suite 1450 Address City Houston State Texas Zip 77027 USA Country 713 550 5710 Fax Telephone 713 550 5709 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration number _31663 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Sue Z. Shaper Name 713 550 5710 February 11, 2005 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature ir required, see below*.

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